U S Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT - -

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440

This report is mandatory under P L 3		isunt in Criminal prosecution, times, or civil penalties as provided by 29 U.S.C. 439 or 440		
For Official Use Only	ita vaj			
S ROCO	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT			
E (SHETTOES)		~ 4 4 4		
Company /	ت بن می <b>ت می</b> ر بن س	er gang dan berman generatan dan sar dan dan dan dan sari santan man		
1 File Number U 9180	**	2 Fiscal Year Covered From		
	-			
·	<del></del>	1 / 1 /- 2004 Through 1/2 / 3/ / 2009		
3 Name and address of person film	ng	4 Name file number and address of labor organization		
Name William	I. Dorward.	Name Sheet Mata Was Kers Local 19		
	_	Labor Organization File Number 0/3066		
PO Box Bldg Room No If any		P O Box Building and Room Number if any		
Street 1301 5 Colum	nhus Blod	Street 1301 5 Lofanhus Blad		
City Philo delphia		City Philadelphia		
State PA	ZIP Code + 4 /9/47	State PA ZIP Code + 4 19147		
5 Position in labor organization				
13usiness Hgent				
Enter appropriate data below if	during the past fiscal year you or your sp (except as specified in the exc	pouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions)		
A Held an interest in engaged in monetary value from an employ	n transactions (including loans) with over whose employees your organiza	or derived income or other economic benefit of ation represents or is actively seeking to represent		
6 Name and address of Employer (in	ncluding trade name if any)	7 a Nature of Interest Transaction or Income		
Name				
Trade Name If any		]		
DO Day Olda Daara Na Kany		1		
PO Box Bldg Room No if any		7 b Amount		
Street				
A+- [		, <u> </u>		
City		J ,		
State	ZIP Code + 4	][		
Signature				
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)				
1111				
Signed Willand Was	L.	on B-1-05 215-952-1999		
" Charles Vor	<del></del>	Date Telephone Number		

Name of Person Filing	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)  Name  Trade Name if any  P O Box Bidg Room No if any  Street  City  State  ZiP Code + 4	9 Business deals with  a Labor Organization  b Trust  c Employer			
Name Sheet Metal Workers Loc 19  Trade Name if any Benefit Funds.  PO Box Bidg Room No if any  Street 1301 S. Columbus Bid  City Philadelphia  State PA ZIP Code + 4 19147	11 a Nature of such dealing  Benefit Conference Orlando FLA Feb. 2009 Hotel — Expenses — Confe  11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received	Conference  LA Feb. 2004  Expenses - Conference Fee  dollar value of such dealing  2,760,83/no.		
	12 b Amount			
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name  Trade Name if any  P O Box Bidg Room No if any				
Street				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant?	14 b Amount of payment			